

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
(Specify whether years, months or days)
In this community 20 years

3. (a) PRINT FULL NAME Dora Tiffs

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased March 12th 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 21 ..hr. ..min.

9. Birthplace Sparta Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business at home

12. Name Daniell Cook

13. Birthplace Sparta Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mahalia Brown

15. Birthplace Sparta Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Lelia Dandridge

(b) Address 1314 N. Newstead ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C.W. Roberts

(b) Address JUN 7 3035 Lucas ave

19. (a) 1943 J. F. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3515 Lawton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 11 minute 59 P. M.

21. I hereby certify that I attended the deceased from May 4, 1943, to June 2, 1943

that I last saw h. er alive on June 2, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death
Degenerative Heart Disease
Chr. Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. E. Smith (M. D. or other) Whittier
Address 301 Whittier Date signed 6/7/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed William E. Culkin

Licensed Embalmer No. 4198-

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.